MAXIMUS Federal Services

Case Number:	CM14-0216901		
Date Assigned:	01/06/2015	Date of Injury:	07/28/2005
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Georgia
Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 65 year old male worker was injured when a water logged section of a wooden form fell and struck him on his neck and right shoulder. The date of injury was July 28, 2005. Current diagnoses include status post cervical fusion, cervical discogenic disease, C3-4 herniated nucleus pulposus of 3.6 mm, status post right shoulder surgery x 1 with residuals and compensatory left shoulder impingement. On January 30, 2014, an MRI of the cervical spine revealed anterior instrumented fusion from C4-C6, C3-4 2.1 mm focal central disc protrusion, C4-5 2.1 mm central disc protrusion and postural changes. On October 15, 2014, the injured worker complained of continued pain in his neck rated a 7 on a 1-10 pain scale and right shoulder pain rated also rated a 7 on the pain scale. With medications, his pain decreased to a 3 on the pain scale with significant functional improvement. Physical examination of the cervical spine revealed spasm, pain and decreased range of motion. There was tenderness to palpation over the cervicotrapezial ridge. Extension was 40 degrees and rotation was 60 degrees bilaterally. Physical examination of the left shoulder revealed a positive impingement sign and pain with range of motion. Forward flexion was 170 degrees and abduction was 160 degrees. Treatment modalities included medications and TENS unit. A trigger point injection was listed in the treatment plan but the information was limited. A request was made for left cervical spine trigger point injection. On December 10, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Trigger point injection, left cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Cervical Spine Sections, TPIs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 84.

Decision rationale: Trigger Point Injections, left cervical spine is not medically necessary. Per Ca MTUS guidelines which states that these injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimants medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area of the muscle where the injection is to be performed. Additionally, the subjective and objective findings are consistent with radiculopathy. There is lack of evidence that trigger point injections are effective against radicular pain; therefore the requested service is not medically necessary.